

**OLD OR NEW;  
ONE COMMON TREND EXISTS**

Death

# MASS FATALITY EVENTS IN RECENT U.S. HISTORY

- Oklahoma city bombing
- Flight 93
- World trade center
- Pentagon
- NYC Flight 587
- Hurricane Katrina
- Sars
- All other examples given

# ONE COMMON TREND

## ■ DEATH

- The issues have always been the same
  - WHO IS IN CHARGE?
  - HOW DO YOU MANAGE THE DEAD?
  - WHAT IS THE ROLE OF DIFFERENT AGENCIES?
  - WHAT OTHER FUNCTIONS ARE REQUIRED TO MANAGE SUCCESSFULLY?
  - HOW DO YOU HANDLE FINAL DISPOSITION?

# VIRGINIA CODE

- § 32.1-277 TO 32.1-288 AUTHORIZES AND DEFINES THE OFFICE AND THE FUNCTIONS OF THE VIRGINIA MEDICAL EXAMINER SYSTEM.
- A STATEWIDE SYSTEM: LOCAL MEDICAL EXAMINERS ARE STATE PART TIME EMPLOYEES OF THE OCME

# JURISDICTION OF THE MEDICAL EXAMINER DEATHS IN THESE CATEGORIES

- Trauma
- Violence
- Poisoning
- Accident
- Suicide
- Homicide (All Terrorism)
- Unusual
- Sudden in apparent good health
- Unattended by a physician
- In jail, prison, correctional custody, other state facilities
- Unnatural manner
- Cremation/burial at sea
- Outbreaks ????????

# BUT...

## WHAT IF IT IS A “BIG” EVENT?

- No laws in Virginia or in the National Response Plan which supersedes the code of Virginia and the authority of the Virginia Medical Examiner System for deaths which occur on Virginia territories.
- Deaths on “exclusive federal jurisdiction” falls under the federal Medical Examiner System.
- Even in “Mass Fatality” events.

# DEFINED THE SAME

- MASS FATALITY EVENT: FEMA'S DEFINITION
  - MORE DEATHS THAN THE LOCAL RESOURCES CAN HANDLE.

# VIRGINIA MEDICAL EXAMINER

- a. Any incident involving ten or more sudden, unexpected, or violent fatalities under the jurisdiction of the Chief Medical Examiner.
- b. Any incident which has the potential to produce ten or more fatalities under the jurisdiction of the Chief Medical Examiner.



# VIRGINIA MEDICAL EXAMINER

- c. Any situation involving contaminated, highly infectious or contagious remains under the jurisdiction of the Chief Medical Examiner, requiring a multi-agency response in support of the OCME.
- d. Any incident with fatalities which exceeds or overwhelms usual local or OCME resources and operational picture.

# Mass Fatality Incident Needs

- Recovery of dead
- Determination of cause/manner
- Collection and documentation of evidence
- Identification of remains
  - Antemortem record collection
  - Postmortem forensic examination
- Notification of next of kin
- Managing personal effects
- Media/political involvement

# HAVE WE PROPERLY PLANNED FOR THIS?

Do local plans include the State Medical Examiner in their response plans?

Do local jurisdictions exercise with the state ME system if they plan deaths in their drills?

Do local jurisdictions and state agencies understand the differences between the deaths under the ME verses a natural disease outbreak?

# PANDEMIC OUTBREAK

## ■ NATURAL DEATHS

Treating physicians are responsible for the signing of death certificates for deaths under their care.

## ■ WHO IS IN CHARGE?

- Who is ensuring deaths are natural?
- What is the normal process?

# PANDEMIC OUTBREAK

- What planning is being done with the local funeral directors?
  - Are they considered to be “responders” with access to medications for themselves and their families?
  - Who will protect their interests if they are removing remains from homes?
  - Are they being given guidance from CDC on how to protect themselves?

# PANDEMIC OUTBREAK

- Final Disposition Considerations
  - Who has the final authority?
  - What about religious and family considerations?
  - What about the safety of those who handle the dead?

# PANDEMIC OUTBREAK

## ■ ROLE OF THE OCME

- Identification of the disease for those not under a hospital care
- Deaths when there was no treating physician
- Assistance in the identification of the dead

# SUMMARY

- Let conversation cease, let laughter flee, for this is the place where death delights to help the living.

